



Department of Veterans Affairs Veterans Health Administration

EXECUTIVE SUMMARY VA NORTH TEXAS HEALTH CARE SYSTEM

I. MISSION OVERVIEW

Sites of Care: VA North Texas Health Care System (VANTHCS) consists of three VHA facilities located at Dallas, Bonham, and Fort Worth. VANTHCS also provides a Psychiatric Residential Rehabilitation Treatment Program, long term rehabilitative care, and extended geriatric care and has Community Based Outpatient Clinics (CBOC) with 12 provider sites serving the 40-county service area in north Texas and southern Oklahoma.

VANTHCS, Dallas VA Medical Center is a tertiary care facility classified as a Clinical Referral Level 2 Facility. It is a teaching hospital, providing a full range of patient care services with state-of-the-art technology as well as education and research. Comprehensive health care is provided through primary care, secondary care, and tertiary care in medicine, surgery, psychiatry and rehabilitation medicine. Innovative clinical services include cardiac surgery, geriatric care, magnetic resonance imaging, women veteran services, and care for post-traumatic stress disorder. Sam Rayburn Memorial Veterans Center in Bonham campus provides outpatient, nursing home, and domiciliary care. The Fort Worth campus is an outpatient clinic. VANTHCS is part of VA Network 17, which includes facilities in San Antonio, Kerrville, Temple, and Waco.

VANTHCS has eight CBOC contracts to improve access to care for veterans in the following locations: Sherman, Paris, Bridgeport, Denton, Aledo, Eastland, Granbury, Waxahachie, Greenville, Mount Vernon, Tyler, and Fort Worth.

Affiliations: VANTHCS has active affiliations with The University of Texas Southwestern Medical Center at Dallas and Baylor College of Dentistry. In FY 04, Dallas VAMC supported training for more than 151 FTEE medical school residents as well as five dental residents. There are also affiliations with the University of North Texas and Texas Tech University Health Sciences Center School of Pharmacy. Through sharing agreements there is collaboration in all clinical areas.

Construction: Currently there are two minor construction projects underway to provide improved nursing and day procedure facilities at the Dallas campus. Renovated facilities for Physical Medicine and Rehabilitation and Prosthetics opened in the first quarter of FY 05 providing significantly expanded beautiful facilities for our veteran patients. Eventual plans to site a Fisher House on the Dallas campus and the growing need for patient and staff parking will necessitate the acquisition of additional land from the Dallas Independent School District.

Labor Relations: American Federal Government Employees (AFGE) represents VANTHCS employees, as well as employees of D/FW National Cemetery and Dallas Consolidated Mail Outpatient Pharmacy. The representational responsibilities are divided between two locals.

AFGE Local 2437 - Professionals and nonprofessionals at Dallas VA Medical Center and Fort Worth Outpatient Clinic; nonprofessionals at D/FW National Cemetery; nonprofessionals and professionals at Dallas Consolidated Mail Outpatient Pharmacy

AFGE Local 2836 - Professionals and nonprofessionals at Sam Rayburn Memorial Veterans Center

Research: VANTHCS ranks among the top ten Research and Development sites within VA and performs studies regarding hypertension, heart disease, AIDS, and Alzheimer's Disease. As a major research center, VANTHCS is able to offer veterans state-of-the-art health care and access to current technology. Dallas VA Medical Center currently has on staff one member of the National Academy of Sciences and one Middleton Award winner. Other major areas of research include new therapies for heart failure, new uses of aspirin, implantable insulin pumps for diabetics, and treatment for prostate cancer. During FY 04, there were 99 active Research Principal Investigators and 306 active research projects at Dallas VA Medical Center with research funding from VA, NIH, and industry sources totaling over \$9.5 million.

II. GENERAL INFORMATION

New Initiatives:

Clinical Research Unit – Opened in January 2000, the Clinical Research Unit provides a central location and information resource for patients, investigators and research teams.

Cardiac Rehab Unit – Psychosocial and physical intervention is combined to include support, stress management, medically supervised exercise, dietary counseling, pharmacy counseling, lipid management, and other basic education areas to help patients manage cardiovascular disease (June 2000).

VA Community Center – The Child Care component was activated in October 2000 to provide on-site child care for employees and community.

One VA Mall – The One VA Mall offers a one-stop shopping service to our customers. The project encompasses a 7,300 square foot Veterans Canteen Service Retail Store, Blue Bell Ice Cream and Starbucks Coffee Service, VA Café, and a One VA Kiosk (November 2000). The final phase was completed in October 2002 with space to accommodate VBA offices and NCA virtual office center.

Patient Guest Room Project – Private funds furnished nine guest rooms that provide accommodations to patient's family members (2000).

Clyde W. Coper Texas State Veterans Home – The Clyde W. Coper Texas State Veterans Home is a modern, 160-bed, Medicaid and Medicare-certified nursing facility designed to serve the long-term care needs of the veteran population. It is located adjacent to the Bonham campus (May 2001).

Nocturnal Dialysis – Nocturnal dialysis provides veterans with end-stage kidney disease life-saving dialysis while they sleep (March 2001).

BNP – Brain Natriuretic Peptide assay is the first laboratory test specifically for congestive heart failure to speed its diagnosis and treatment. This blood test measures the level of a naturally occurring peptide produced in the ventricles of the heart and gives point-of-care technology to diagnose and follow heart patients (2001).

Hybrid Unit – An innovative combination of an operating room and angiography suite to treat patients with life-threatening abdominal aortic aneurysms and peripheral vascular disease. The unit is designed to take advantage of rapidly evolving advances in minimally invasive surgery for treating abdominal aneurysms and blocked arteries in the leg as well as other rapidly evolving procedures in the fields of vascular medicine and interventional radiology (2001).

HDR – High Dose Rate (HDR) brachytherapy technology and techniques combine computer-based treatment plans with catheter or needle placement of a radioactive source directly to a tumor site, posing less risk for the patient because there is less damage to normal healthy tissue near the tumor site (2001).

Computerized Phlebotomy Log-in Process (Howdy program) – The procedure requires the patient to scan his/her veteran identification card in the same manner as a debit or credit card at the gasoline pump (2001).

Scrip-Talk – Scrip-Talk is a new device that provides a “talking label” for visually impaired veterans. It is equipped with a microchip that audibly reads the special label. There are three components to the system: the label itself, the Scrip-Talk reader, and a special label printer for the pharmacy. VANTHCS will provide Scrip-Talk to over 800 visually impaired veterans (2002).

Expansion of Shuttle Service – The parking lot shuttle service has been expanded to include valet parking for mobility-impaired patients (2002).

Fisher House – VANTHCS was selected as a site for a Fisher House to be located at the Dallas campus. This program provides short-term living accommodations for families of in-patients (2002). A fund was established at Communities Foundation of Texas, and an advisory committee is being constituted (2005).

Intensivist Program – A critical Care Intensivist program was activated for Thoracic and Surgical Intensive Care Units to improve inpatient outcomes, increase patient safety, enhance resident education and research opportunities, and improve overall cost effectiveness (2003).

Hospitalists Program – This program was implemented to address staffing challenges in acute inpatient medical care (2003).

Saturday “Blitz” Clinics – Staff from Nursing and Medical Administration Services as well as clinicians conduct clinics on Saturdays to address the backlog of patients waiting for Dermatology clinic appointments (2003).

Linear Accelerator and MRI – Construction and installation were completed for a second linear accelerator and second MRI, both of which are fully operational (2003).

One VA Mall Phase Two – Collaborative efforts with Veterans Benefits Administration, Veterans Canteen Service, and National Cemetery Administration provide renovated office space to VBA, Texas Veterans Commission, Disabled American Veterans, and Vietnam Veterans of America. A virtual information center for NCA is also available. Completion of Phase Two provides “one stop” shopping and services for veterans (2003).

Advanced Meal System – Full implementation of an advanced food preparation and advanced meal delivery system provides one centralized food production site for VANTHCS, resulting in labor cost avoidance of \$538,499 (2003).

Retail Pharmacy – Veterans Canteen Service (VCS) and VANTHCS began a program to provide low cost prescription drug service to VCS customers, primarily employees, visitors, and volunteers (2004).

Well Women’s Clinic – Four female providers have capacity to see 48 patients per clinic, offering primary care services to female veterans (2004).

Advanced Clinic Access – Patient scheduling system to end missed and rescheduled appointments and improve the patient’s access to his/her primary care provider (2004). Specialty clinics are planned to adopt Advanced Clinic Access in late 2005.

Fort Worth Mental Health Clinic – Mental Health services were relocated to larger location in Fort Worth to improve access to care and provide additional staff to decrease patient workload (2004).

Active issues: The CARES-approved new CBOC for Collin County is currently on hold. Multi-VISN warrants were issued by VACO to allow Dallas VAMC to continue doing Other Government Agency (OGA) contract work within seven VISNs rather than nationwide. We currently do OGA contracts in VISNs 3, 5, 6, 7, 16, 21 and 17. OIG is reviewing this program and could result in the loss of OGA contracting authority, resulting in a \$4-6 million loss annually.

Congressional Issues:

VA DoD Sharing Issues: Effective December 18, 1995, VANTHCS became the first provider under the DoD TriCare program to provide health services to eligible TriCare beneficiaries through a contract with HealthNet Federal Services. Maintenance management support is also provided to 9 Air Force bases, saving them 40% of the previous cost of maintenance for the same equipment. Various other contracting services are provided for Navy and other DoD components as well as numerous civilian agencies. In FY 04, approximately \$4.6 million in revenue received from these service fees was used for patient care.

CARES: As outlined in the CARES process, VANTHCS is responsible for patient care of veterans residing in the north market of VISN 17. The north market has capacity planning initiatives in both outpatient primary and specialty care. Primary Care in the north market is expected to increase by 137,811 stops from the baseline of 277,888 in 2001 to 415,699 stops in 2012, a 50% increase. By 2022, Primary Care workload of over 396,000 stops represents a 43% increase over 2001 levels. The demand for Specialty Care is expected to increase 154% by 2022. From a baseline of 181,050 stops in 2001, the north market specialty workload projections increase to 454,199 stops in 2012 (151%). Workload projections represent 460,320 stops by 2022.

The Secretary's final CARES Decision report endorsed two new VA staffed CBOCs (Smith County, replacing a contract CBOC and Collin County, a new CBOC) throughout the Dallas/Fort Worth metro area and that the Fort Worth Outpatient Clinic be replaced by a significantly larger clinic. The new Collin County Clinic and expanded Smith County Clinic services will serve to draw patients away from Dallas VAMC for their primary and specialty care. Significant outpatient growth will still occur at Dallas VAMC requiring a significant expansion of outpatient primary and specialty care services. The north market also has capacity program initiatives in inpatient medicine and psychiatry. It was proposed that these program initiatives be addressed through new construction at Dallas VAMC to absorb increased bed days of care. The Secretary approved the CARES proposal for an additional 40 medicine and 30 psychiatric beds at Dallas VAMC. These inpatient and outpatient space needs are to be resolved by a Clinical Expansion to Dallas VAMC.

III. Supporting Data

	Workload		
	FY 02	FY 03	FY 04
Authorized Hospital Beds	373	373	373
Operating Hospital Beds	304	304	304
Operating Hospital Beds ADC	225	216	216
Authorized NHCU Beds	256	256	259
Operating NHCU Beds	252	252	255
Operating NHCU Beds ADC	220	222	219
Authorized Domiciliary Beds	264	264	264
Operating Domiciliary Beds	264	264	264
Operating Domiciliary Beds ADC	240	226	233
Authorized PR RTP Beds	59	64	64
Operating PR RTP Beds	59	64	64
Operating PR RTP Beds ADC	52	50	49
Total Authorized Beds	952	957	960
Total Operating Beds	879	884	887
Total Operating Beds ADC	736	714	717
Outpatient Visits	756,354	831,932	902,686
Inpatients Treated	13,953	14,678	14,781
Unique Patients	87,490	94,628	96,478

	Resources		
	FY 02	FY 03	FY 04
Budget (Medical Care Rec. & Non-Rec.)	\$358,920,514	\$378,689,297	\$414,174,447
FTE Levels			
Total Medical Care Facility FTE	3,127	3,237	3,350